

FILED OCT 4 1957

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33603

STATE FILE NUMBER

9026

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				c. CITY St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
04 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb		d. STREET ADDRESS 2117 1/2 West Bell Place	
3. NAME OF DECEASED (Type or print)				First MABLE		Middle ELIZABETH	
				Last HATTON		4. DATE OF DEATH Month SEPT. 23, 1957 Day Year	
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Decr 25th, 1915	
				9. AGE (In years last birthday) 41		10. UNDER 1 YEAR Months 8 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Danville, Illinois	
13a. FATHER'S NAME Augustus Bell				13b. MOTHER'S MAIDEN NAME Clara Karrington		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. —		17. INFORMANT Father	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE						INTERVAL BETWEEN ONSET AND DEATH 10 YRS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) LAENNEC'S CIRRHOSIS	
						DUE TO (c) 581.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from SEPT. 19, 1947 to SEPT. 23, 1957 and last saw her alive on SEPT. 23, 1957 Death occurred at 9:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. D. Vermillion, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/23/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-28-1957		23c. NAME OF CEMETERY OR CREMATORY St. Peters		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
24. FUNERAL DIRECTOR Jordan W. Chambers-3166 Franklin				25. DATE RECD. BY LOCAL REG. SEP 27 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*M. Claude Gordon*

Licensed Embalmer No. *3483*

P. O. Address *41-75 Ala*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.